

**MULTIPLE DEPENDENT IM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

601362

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	22					

1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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